

**ENTERPRISE ZONE PROGRAM
Employee Screening Questionnaire**

This form is to be retained by the company. DO NOT mail to this office.

Name _____
Last, First, Middle Initial Social Security Number

Address _____
Street Address

City, State, Zip Parish

Louisiana resident? YES [] NO []
(Lived in Louisiana at least 30 consecutive days prior to hire.)

Full time employee? YES [] NO []
(Hired to work 35 hours weekly and receives benefits?)

Business located in:
X In an EZ YES [] NO []

X URBAN Parish YES [] NO []

X RURAL Parish YES [] NO []

A. Resident of parish in which business is located? YES [] NO []

If URBAN or the business is not located in an EZ, the employee resides in

CT _____ BG _____

B. Receiving some form of public assistance? YES [] NO []
(Unemployment IS NOT public assistance.)

If YES, indicate type: _____

C. Lacking basic skills YES [] NO []
(Below 9th grade proficiency in reading, writing, or math.)

If YES, on what level and how tested? _____

D. Physically Challenged YES [] NO []

Signature Date